



PTO/SB/22 (12-04)

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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |   | Docket Number (Optional)<br>BVTP-P04-506   |                         |
| Application Number<br>10/010723   |   | Filed<br>December 6, 2001  |                         |
| For MICRONEEDLE DEVICES AND METHODS OF MANUFACTURE AND USE THEREOF  |   |  |                         |
| Art Unit<br>3763  |   | Examiner<br>K. L. Thompson   |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |   |  |                         |
|   |   | <u>Fee</u>   | <u>Small Entity Fee</u> |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))   | \$120  | \$60                    |
| <input checked="" type="checkbox"/>   | Two months (37 CFR 1.17(a)(2))  | \$450  | \$225                   |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))  | \$1020   | \$510                   |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))   | \$1590   | \$795                   |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))   | \$2160   | \$1080                  |
| <input checked="" type="checkbox"/>   | Applicant claims small entity status. See 37 CFR 1.27.  |  |                         |
| <input type="checkbox"/>  | A check in the amount of the fee is enclosed.   |  |                         |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.  |  |                         |
| <input checked="" type="checkbox"/>   | The Director has already been authorized to charge fees in this application to a Deposit Account.   |  |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-1945</u> . I have enclosed a duplicate copy of this sheet. |  |                         |
| I am the  | <input type="checkbox"/>  | applicant/inventor.  |                         |
|   | <input type="checkbox"/>  | assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |                         |
|   | <input checked="" type="checkbox"/>   | attorney or agent of record. Registration Number <u>41,368</u>   |                         |
|   | <input type="checkbox"/>  | attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____                                |                         |
| <u>Lisa M. Treannie</u>   |   | <u>February 15, 2005</u>   |                         |
| Signature   |   | Date   |                         |
| <u>Lisa M. Treannie</u>   |   | <u>(617) 951-7725</u>  |                         |
| Typed or printed name   |   | Telephone Number   |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |   |  |                         |
| <input checked="" type="checkbox"/>   | Total of <u>1</u> forms are submitted.  |  |                         |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 2-15-05Signature: Maura A. Gallagher (Maura A. Gallagher)